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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Zinke for Congress 704C 13th St E ADDRESS (number and street) (Check if address Ste 260 is changed) Whitefish 59937 MT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS zinke@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ryanzinke.com (Check if address is changed) DATE 2021 C00778159 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 01 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.))
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Zinke, Ryan, K, , Candidate	
Candidate Party Affiliation REP Office Sought: House Senate Presiden	State MT nt District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	01
Name of Candidate	
(d) This committee is a	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (H	lybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds for	or two or more political
committees/organizations, at least one of which is an authorized committee of a federal candid	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser Take Back The House 2022 C C007	766782
Toom Volor	P05799

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Zinke for Cong	ress	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844	
		BETHESDA MD	20824
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represe	entative Leadership PAC Sponso
	_		_
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the per	rson in possession of committee
	Kilgore, Pa	یا, , ,	
	Full Name	 	
	Mailing Address	824 S Milledge Ave Ste 101	
		I contract c	
		Athens	30605
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706 - 534 - 7780
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committed assistant treasurer).	tee; and the name and address of
	Full Name Kilgore, Pa	یا, , ,	
	of Treasurer		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	30605
	Title or Desition —	CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706 - 534 - 7780

	FEC Form 1	(Revised 02/2009)		Page 4
	Full Name of Designated Agent	Goode, Michael, , ,	1 1 1 1 1 1	
N	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	ĞA ☐	30605
Т	itle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Assistant Treasur		number 7	06
		Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits f	unds, holds accounts, rents
N	lame of Bank, D	epository, etc.		
		Classic City Bank		
M	lailing Address	2303 W Bload St		
		Athens	J GA	30606
		CITY A	STATE ▲	ZIP CODE ▲
N	lame of Bank, D	epository, etc.		
		Valley Bank	1 1 1 1 1 1	
N	ailing Address	3030 N Montana Ave		
		Helena	MT	59601
		CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraisin	ng Particinant		
J(g)	Team Zinke		FEC ID number	C C00805192
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.		Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Sponsor
		DO DOVERS M		
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	t Fundraising Representa	Leadership PAC Sponsor
8.		y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		I	elephone Number	
9.	Davidson Other Bassatta			
	Name of Bank, First V	ries: List all banks or other depositories in which aintains funds. (irginia Bank	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, First V	aintains funds. 'irginia Bank	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	intains funds. /irginia Bank 11325 Random Hills Rd		
	Name of Bank, Depository, etc.	aintains funds. 'irginia Bank	the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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or Leadership PAC Sponsor
30605 ZIP CODE ▲
ve Leadership PAC Sponsor
ZIP CODE A
ZIP CODE ▲

5(g) or (h). Joint Fundra	aising Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connec	eted Organization, Affiliated Committee, Joint Fundra	ising Representative	or Leadership PAC Sponsor
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Conn	ected Organization Affiliated Committee Joint	Fundraising Representat	ive Leadership PAC Sponsor
8. Designated Agent: Ide	entify by name, address (phone number – optional)		
8. Designated Agent: Ide	entify by name, address (phone number – optional)		
	entify by name, address (phone number – optional)		
Full Name	entify by name, address (phone number – optional)		
Full Name	entify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	ION ▼	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSIT L. L	CITY ▲ Tel sitories: List all banks or other depositories in which tr maintains funds. Ils Fargo Bank #8302 Woodmont Avenue	ephone Number	
Full Name Mailing Address TITLE OR POSIT 9. Banks or Other Deposafety deposit boxes of Name of Bank, Depository, etc.	CITY ▲ Tel sitories: List all banks or other depositories in which tr maintains funds. Ils Fargo Bank #8302 Woodmont Avenue	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundrais	•		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Jame of Any Connecte	d Organization, Affiliated Committee, Joint Fund	raising Representativ	a or Leadershin PAC Snons
TEAM ZINKE			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
		t Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		t Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		t Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		t Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident	fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident Full Name	fy by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or necessity.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or not be boxes or not be boxes. Evolv Depository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. e Bank & Trust	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Zinke Victory Fun	d		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or	r(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected PROTECT THE H	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844		
		BETHESDA	MD MD	20824
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	I Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
_				
8. I	Designated Agent: Identify	by name, address (phone number - optional)		
8. I	Designated Agent: Identify	by name, address (phone number – optional)		
8. I		by name, address (phone number – optional)		
8. I	Full Name	by name, address (phone number – optional)		
8. I	Full Name	by name, address (phone number – optional)		
8. I	Full Name	CITY A	STATE A	ZIP CODE A
8. I	Full Name	CITY A	STATE A	ZIP CODE A
9. I	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main management of Bank,	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	e committee deposit	
9. I	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	e committee deposit	s funds, holds accounts, rents
9. I	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main management of Bank,	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	e committee deposit	s funds, holds accounts, rents